

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

Instream Lease Renewal Application

| Complete the questions below and include any r Fill in or check boxes as indicated. (N/A= | 아 프랑스 마스 아이는 아이를 잃었다면 하는데 하면 없었다. 그는 그리고 10개 중에서 아이를 잃었다면 하는데 10개 중에서 10개 중에서 10개 중에 |
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| The undersigned hereby request Instream Lease Num | ber <u>IL- 1 - 122</u> be renewed. |
| Fees: \$110.00 for an instream lease renewal app Check enclosed or Fee Charged to custo | |
| Term of the Lease: | 7 and end monthyear _2022 |
| Validity of the Right(s) (check the appropriate box): ☐ The water right(s) to be leased have been used under the terms and conditions of the right(s) during the last five years or have been leased instream. ☐ If the water right(s) have not been used for the last five years, right(s). Documentation describing why the water right(s) is not subject to forfeiture is provided. ORS 540.610(2). | Termination provision (for multiyear leases): The parties to the lease request: |
| ☐Yes ☑No Conservation Reserve Enhancement Pleased part of CREP or another Federa | rogram CREP – Are some or all of the lands to be l program (list here:)? |
| he undersigned declare: | |
| and | nental water right(s) not involved in the lease application; |
| The Lessor(s) certify that I/we are the holders of the w deeded land owner, I/we have provided documentation application and/or consent from the deeded landowner | n demonstrating authorization to pursue the lease |
| All parties affirm that information provided in this lea not changed and all matters involved with or affected the lease was previously approved. We also acknowled referenced herein, are incorporated by reference in the | by the original instream lease remain as they were when dge that the terms and conditions of the original lease, |
| Ton hten | Date: _//-14-2016 |
| | me, if applicable: we christensed red memina ville Ore 97129 mail address: |
| Signature of Lessor | Date: 11-14-2011 |
| Printed name (and title): Business name Mailing Address (with state and zip):*E-Phone number (include area code):503-437-0726 | me, if applicable: CHRESTENSEW ROL MCMINAVILLE CVE 9712 mail address: |
| See next page for additional signatures. | RECEIVED BY OWRD |
| | |